

DEPARTMENT OF THE ARMY HEADQUARTERS, 80TH AREA SUPPORT GROUP (NSSG) Unit 21419 APO AE 09708

REPLY TO ATTENTION OF

MCHB-AE-MO-C (385)

80th ASG (NSSG) Policy # 025-01

APR 2 5 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Policy on Work Related Injury Reporting/Investigation

1. References:

- a. AR 40-5, Illness/Injury, Chapters 5-10, Section III.
- b. AR 385-40, Section II; Injury, Illnesses, Cost, Rate and Personnel Classifications.
- Belgian Labor Law (RGPT), Chapter III, Articles 158 159.
- 2. In accordance with the above references and established guidelines concerning injury investigations and Occupational Health Surveillance, all employees or/and supervisors of US Army military, US and Local National civilians are required to notify all work related injuries to the local safety/occupational health offices. Notification will be done within two working days. preferably by fax or phone (see enclosure 1). Official accident reports are still required to be sent through their respective channels.
- An injury must be reported if it results in:
 - A lost time case involving time away from work.
 - Restricted work activity.
- 4. Also, to understand the causes of accidental injuries and to define strategies on how to avoid future injuries, it is henceforth required that all injured workers and supervisors report to the safety and occupational health offices for a thorough interview on causes, specific work limitations, official reporting documentation, medical follow-ups.
- 5. Finally, as a general remark, it is of paramount importance that all workers, and supervisors be totally involved in safe work practices and help make the Community a leader in safety at work.

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6. The proponent offices are the 80th ASG (NSSG) (CHPPM-E) Occupational Health Office and the 80th ASG (NSSG) Safety Office. Users are invited to send comments to Commander, 80th ASG (NSSG), Unit 21419, ATTN: Occupational Health, APO AE 09708 or telephonically at DSN 361-5691/92. This memorandum will be posted to allow for maximum viewing by unit, directorate, and section personnel. Supervisors will ensure that their personnel are made aware of this policy.

Encls as

TIMOTHY J. QUINN

COL. MI Commanding

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When calling or faxing information, please provide the following data:

- a. Name
- b. Unit
- c. Cause of accident (short narrative)
- d. Accident date
- e. Location of accident
- f. Estimated lost workdays
- g. Name and phone number of supervisor